

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 9/2007)

**See Instructions and \*Privacy  
Statement On Reverse Side**

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CLAIMANT'S NAME R. Steven Tharratt, MD, MPVM			SSN or EMPLOYEE NUMBER*			DEPARTMENT Executive Division		
POSITION Director		CB/ID No.		DIVISION or BUREAU Emergency Medical Services Authority			INDEX NUMBER	
RESIDENCE ADDRESS *				HEADQUARTERS ADDRESS 1930 9th Street				TELEPHONE NUMBER (916) 322-4336
CITY El Dorado Hills		STATE CA	ZIP CODE 95672	CITY Sacramento		STATE CA	ZIP CODE 95811	

(1) NORMAL WORK HOURS

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED  
0.550

(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE   TIME				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
9/20	1745	El Dorado Hills to San Diego	123.80			18.00			PC	9.00	42.00	23.10		173.90
9/21			123.80	6.00	10.00	18.00	6.00			9.00		0.00		172.80
9/22			123.80	6.00	10.00	18.00	6.00			9.00		0.00		172.80
9/23	1700	Return		6.00	10.00		6.00		PC	9.00	42.00	23.10		54.10
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			371.40	18.00	30.00	54.00	18.00	0.00		36.00	84.00	46.20	0.00	573.60

COLUMN CODE (ACCTG. USE ONLY)

**CLAIM TOTAL**

\$573.60

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

To attend and participate in the Trauma Summit, the EMDAC, EMSAAC, and EMS Commission meetings in San Diego, CA.

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the mileage rate for the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by the State of California.

CLAIMANT

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SPECIAL AGENT

DATE